

---

# Medicare Complementary



Health Benefits Plan

Administered by Anthem Blue Cross and Blue Shield

*July 1, 2003*

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Medicare Complementary plan may be offered to you and your eligible family members by your group.

The Medicare Complementary Health Benefits Plan offers benefits that work with Medicare Part A and Part B. In addition, the plan offers benefits for services not covered by the government program, including vision, dental, and outpatient prescription drugs. **This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Medicare Complementary Member Handbook.**

## Service Area

Wherever retirees live.

## How The Plan Works

**To receive full benefits** you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem Blue Cross and Blue Shield identification card when you receive care.

## Choose Health Care Providers Carefully

### Physicians

Ask your doctor if he or she is a Medicare participating physician. Your benefits cover the patient's share of Part B expenses after you pay the first \$1,000 of expenses each calendar year. This \$1,000 out-of-pocket expense is made up of your Part B Medicare deductible and copayments. A doctor who participates in Medicare agrees to:

- ▲ File claims on your behalf
- ▲ Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Your nearest Social Security office can give you additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

### Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

## Vision Care

Vision Care services may be provided by any optician, optometrist or ophthalmologist.

## Dental Benefits

Covered Dental Services are available from dentists who contract with Anthem Blue Cross and Blue Shield. You may view a list of contracting dentists on the Web at [www.anthem.com](http://www.anthem.com). Claims will be handled by the contracting dentist's office and you'll be responsible only for any coinsurance which applies to the covered care you receive. If you go to a non-contracting dentist, you may pay more of the bill.

## Medicare Complementary Plan

### What The Plan Covers

		Plan Pays
<b>PART A SERVICES</b>		
<i>Hospital Inpatient</i>	▲ Medicare Part A hospital deductible less \$100 per benefit period, days 1-60	In full
	▲ Medicare Part A daily hospital copayment amount, days 61-90	In full
	▲ 100% of hospital's reasonable charges, days 91-120	In full
	▲ Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
<i>Skilled Nursing Facility</i>	▲ Medicare Part A skilled nursing home copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	▲ A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full
<b>PART B SERVICES</b>		
<i>Doctors' Care And Medical Services (after \$1,000 out-of-pocket expense limit)</i>	Medicare pays 80% and the plan pays 20% of Medicare-approved charges for Part B services. Enrollees are responsible for the first \$1,000 in covered expenses for Part B doctors' care and other medical services. Expenses that apply to the \$1,000 out-of-pocket expense limit include the Part B \$100 calendar year deductible and 20% of Medicare-approved charges for Part B services.	
	<b>After the \$1,000 out-of-pocket expense limit is met during a calendar year</b>	
		Plan Pays
▲ Physicians' care		20%*
▲ Diagnostic x-rays and lab tests		20%*
▲ Ambulance service		20%*
▲ Durable medical equipment and supplies		20%*
▲ Chiropractic services—Benefits coordinated with Medicare		20%*
▲ Routine mammography screenings		20%*

\*Percent of Medicare charges

## DENTAL BENEFITS

	Plan Pays
▲ Annual limit	\$1,200
▲ Two visits per year to dentist: Oral examinations, x-rays, and cleaning	100% AC**
▲ As needed services: Emergency treatment of toothaches, space maintainers, biopsies of oral tissue, and pulp vitality tests	100% AC**
▲ Full mouth x-rays: Every 36 months	100% AC**
▲ Primary services: For example, fillings, simple extractions, repair of removable dentures, recementing of existing crowns and bridges, and preparation of gum ridge for dentures	80% AC**
▲ Periodontal services: For example, gingivectomy, gingivoplasty, surgical periodontal examinations, and treatment of acute infections	80% AC**

## VISION CARE BENEFITS

	Plan Pays
▲ Routine vision examination (once every 24 months)	Provider's charge up to a maximum of \$40 per routine exam
▲ Frames (one pair every 24 months)	Providers' charge up to a maximum of \$75 per pair
▲ Lenses (one pair of eyeglass lenses or any type of contact lenses every 24 months)	Provider's charge up to the maximum amounts specified below for the types of lenses provided:
• Single lenses	\$50 per pair
• Bifocal lenses	\$75 per pair
• Trifocal lenses	\$100 per pair
• Contact lenses (hard, soft, or disposable)	\$100
Remember that you are responsible for paying any costs above the amounts listed for eyeglass frames and lenses. Providers may require payment from you for the difference between this fixed amount and their charges. The provider may choose to file the claim for you, or you may use the Anthem claim form to file your claim.	

**\*\*Allowable Charge (AC)** — The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services the allowable charge is the amount of the negotiated compensation to the facility for the covered service, or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Complementary Plan Member Handbook.

# Retail Pharmacy And Home Delivery Prescription Drug Benefits

## Retail Pharmacy

This is a **mandatory generic** outpatient prescription drug program. If a generic equivalent exists for a brand name drug, you have two choices. You may request the generic and pay only the copayment. Or you or your doctor may request a brand name drug and you will be responsible for the following:

- ▲ **At a participating pharmacy** you will be responsible for the applicable copayment plus the difference between the allowable charge for the generic equivalent and the allowable charge for the brand name drug.
- ▲ **At a non-participating pharmacy** you pay the total price for the drug and then file a Prescription Drug Direct Reimbursement Claim Form. Reimbursement is limited to the allowable charge for the generic drug minus your copayment.

### To obtain prescriptions at a participating retail pharmacy simply:

1. Present your Anthem identification card to your pharmacist.
2. Pay the appropriate copayment. The pharmacist will tell you the amount of your copayment.
3. If you request a brand name drug when a generic is available, you pay the appropriate copayment *plus* the difference between the generic and the brand name allowable charge.

**Note: Some drugs require Prior Authorization** before they are dispensed. See page 5 for important details.

## Home Delivery Pharmacy

This is a convenient, cost-effective way to obtain up to a 90-day supply of medications you take routinely (such as medication for high blood pressure or high cholesterol). Your medications are delivered directly to your home. You will receive a Home Delivery Pharmacy packet with your medical identification card when you enroll in the plan. You may also contact Anthem Member Services for a packet.

## Your Copayments

Prescription drugs are divided into three tiers or categories, and you pay the appropriate prescription copayment by tier. In general, the first tier covers generic drugs which are usually the least expensive. The second tier is lower cost brand name drugs and some generic drugs. The third tier is higher cost brand name drugs and may include newly introduced drugs.

To determine in which tier your prescription drug falls, go to [www.anthem.com](http://www.anthem.com). Select Members and Consumers, then choose Virginia. On the home page select the link to Commonwealth of Virginia and The Local Choice Members. Then select the Prescription Drug Program link. You may also contact Anthem Member Services for assistance.

	First Tier Copayment <i>Typically Generic Drugs</i>	Second Tier Copayment <i>Lower Cost Brand Name Drugs And Some Generic Drugs</i>	Third Tier Copayment <i>Typically Higher Cost Brand Name Drugs</i>
<i>Participating Retail Pharmacy: Per 34-day supply</i>	\$15	\$20	\$35
<i>Home Delivery Pharmacy: Up to 90-day supply</i>	\$18	\$33	\$63

## Prior Authorization Required For Certain Drugs

Prior authorization is required for certain medications. Prior authorization is also required if your physician orders more than the allowable quantity.

Your physician or pharmacist, or Anthem Member Services can tell you if a drug requires prior authorization. Your physician may request approval for drugs that require prior authorization on your behalf. In addition, you may go to our Web site at [www.anthem.com](http://www.anthem.com) to view a list of covered drugs. To access the drug list from the Commonwealth of Virginia and The Local Choice home page, select the Prescription Drug Program link. Click on Drug Detail to see if prior authorization is required for a particular drug.

## Plan Deductibles And Copayments

You are responsible for these amounts:

- ▲ \$100 deductible per benefit period for the first 60 days of hospital inpatient care
- ▲ \$100 calendar year Part B deductible (included in the \$1,000 out-of-pocket expense limit)
- ▲ 20% of Medicare-approved charges for Part B services (not to exceed the \$1,000 out-of-pocket expense limit each calendar year)
- ▲ Copayment equal to any balance between the allowance paid for vision services and the provider's charge for the covered service
- ▲ 20% copayment for dental services paid at 80% of the allowable amount

## If You Need Assistance

### Anthem Blue Cross and Blue Shield

For assistance, please call Anthem Member Services:

**(804) 355-8506** in Richmond

**1-800-552-2682** outside Richmond

*Monday through Friday 8:00 a.m. – 6:00 p.m.*

*Saturday 9:00 a.m. – 1:00 p.m.*

On the Web at [www.anthem.com](http://www.anthem.com)

### The Local Choice

The Local Choice Health Benefits Program

Commonwealth of Virginia

Department of Human Resource Management

101 North 14th Street – 13th Floor

Richmond, VA 23219

On the Web at [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)

*This is not a policy. This is a brief summary of the Medicare Complementary health benefits plan.  
For a complete description of the benefits, exclusions, terms, and conditions, please see the Medicare  
Complementary Member Handbook.*